Virginia Office of Emergency Medical Services Financial Assistance for Emergency Medical Services (FAEMS) General Grant Information

E-Gift User Guide for Non-Licensed EMS Agencies

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Our web site address is: www.vdh.virginia.gov/oems

E-Gift User Guide for Non-Licensed EMS Agencies

EMS – Grant Information Funding Tool (E-Gift)

Welcome to the E-Gift, the new Rescue Squad Assistance Fund (RSAF) online grant application system. The E-Gift has replaced the Consolidated Grant Application System (CGAP), the software program used in the past. E-Gift automates the grant process by using a web-based system to pre-populate your agency data making the grant process easier to navigate. We know you will find this user-friendly tool useful in your grant application writing and submission process.

Eligible Agencies

The Office of EMS recognizes two types of agencies or organizations that are eligible to apply for a RSAF Grant, Licensed EMS Agencies and Non-Licensed EMS Agencies.

- A **Licensed EMS Agency** is an agency that is authorized by the Office of EMS to provide emergency medical services in the state as an EMS agency.
- A Non-Licensed EMS Agency is an agency that is not authorized by the Office of EMS to provide Emergency
 medical services in the state, for example EMS Regional Council, Community College, Sheriff's Office, 911
 Centers, and Volunteer Fire Department.

You have selected the User Guide that identifies your agency as a Non-Licensed EMS Agency.

E-Gift Users

The E-Gift system requires three types of users: an Authorized Agent, a Financial Officer and an Agency Operational Medical Director.

- The **Authorized Agent**, or grant submitter, is the person responsible for the completion of the grant application on the agency's behalf. The authorized agent has the ability to create and make any necessary modifications to the grant.
- The Financial Officer is the person responsible for the receipt, care, and disbursement of money of an agency or
 organization. The Financial Officer will have the capability to review and e-sign the grant; they do not have edit
 capabilities.
- The **Agency Operational Medical Director (OMD)** is an EMS physician, currently licensed to practice medicine or osteopathic medicine in the Commonwealth, who is formally recognized and responsible for providing medical direction, oversight and quality improvement to an EMS agency and personnel. The OMD will have the capability to review and e-sign the grant. All OMD's have accounts already established with the Office of EMS and are required to use their existing account to log into E-Gift.
 - If you are a Non-Licensed EMS Agency, you DO NOT have to have the OMD e-sign your grant application, however if you choose to select an OMD from the drop-down list in the *Organization Information* section, the OMD will have to e-sign your grant for your application to be complete.

Account Creation

If you are submitting a grant on behalf of a Non-Licensed EMS Agency you will need to follow the steps below to create your account for the first time.

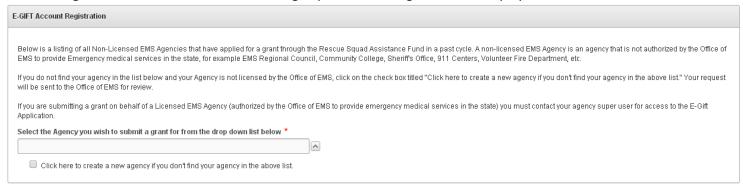
When you open the Log-in screen you will notice the following to the right of the screen:



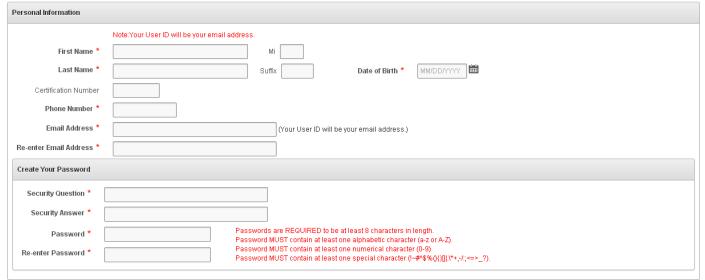
If this is the first time you have visited E-Gift click on the blue button "Click here to Sign up". This will take you to the screen below to create your account.

If you have already created your account and logged into E-Gift enter your already established User Name and Password in the appropriate space.

After clicking on the blue button "Click here to Sign up" the following screen will display:



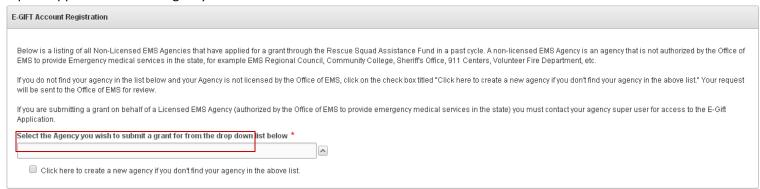
The drop down list displays the list of all agencies not licensed with the Office of EMS that have applied for a grant through the RSAF in past cycles. Select the submitting agency from the list. The agency details on file with OEMS will display on the screen followed by the section displayed below to establish your new account.



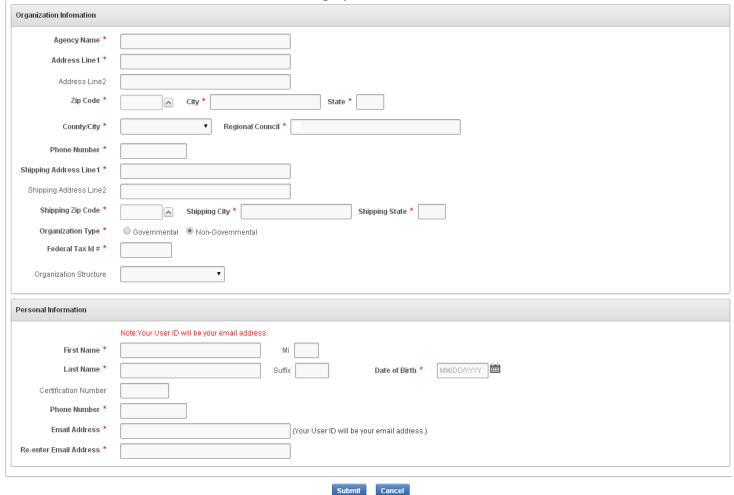
Complete the Personal Information section; this is the information that will be used to create your E-Gift account. Your email address must be a valid email address where you can receive correspondence from the Office of EMS. Click the blue **SUMBIT** button when all information is complete. Your account will be created and you can now log into E-Gift at the login screen displayed above.

Creating a new Non-Licensed EMS Agency

If the submitting agency or organization does not appear in this list click the check box below the drop down list to request approval for a new agency with the Office of EMS.



Once this is checked the information below will display on the screen:



Complete the information on the screen as it applies to the agency or organization submitting the grant. Information with a red star indicates it is required field.

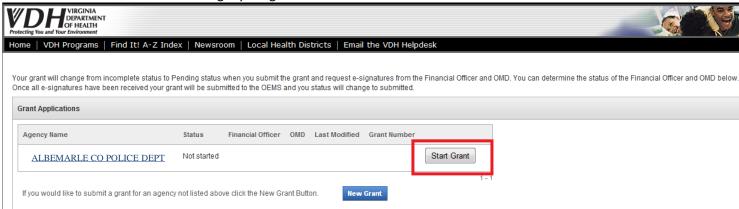
Complete the Personal Information section; this is the information that will be used to create your E-Gift account. Your email address must be a valid email address where you can receive correspondence from the Office of EMS. Click the blue Submit button when all information is complete. Your account will be created and you can now log into E-Gift at the login screen displayed above.

Entering your Grant

Once you have successfully logged in to E-Gift your home screen will display. The Agency name will appear in the box. If you need to submit grants for multiple Non-EMS Agencies click on the blue **NEW GRANT** Button. This will allow you to choose another Non-Licensed EMS Agency, you do not need to create multiple accounts.

To submit a grant application for a Licensed EMS Agency you need to contact the super user for that agency to obtain access. See E-Gift User Guide for Licensed EMS Agencies.

Click on the Start Grant Button to begin your grant.

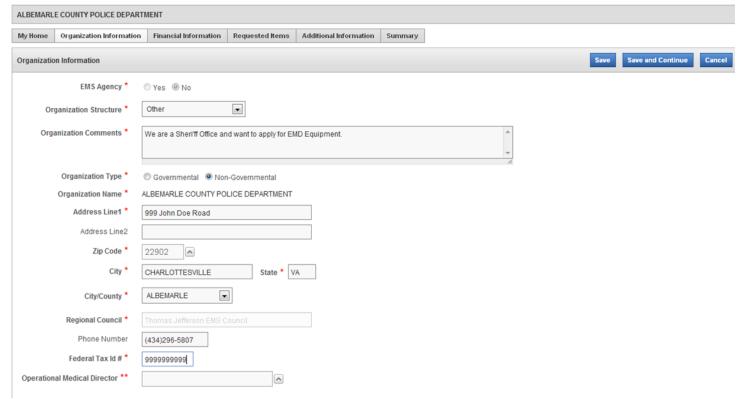


Features of E-Gift

- 1. There are tabs along the top of the page (under your agency name) that allow you to navigate between the pages of the program.
 - Tabs to navigate are MY HOME, ORGANIZATION INFORMATION, FINANCIAL INFORMATION, REQUESTED ITEMS, ADDITIONAL INFORMATION and SUMMARY.
- 2. It is more effective to complete every screen as shown and then hit the **SAVE AND CONTINUE** blue button.
- 3. You can **SAVE** your application to come back at a later time, or you can keep going through the entire application by **SAVE AND CONTINUE**. If you wish to cancel what you've entered then hit **CANCEL**.
- 4. All items with **RED****** are REQUIRED INFORMATION and must be completed, if not your application will not allow you to save or go to the next page.

Virginia Department of Health

The System will automatically pre-populate your agency data, however you can edit that information if needed.



Organization Information

Includes Personnel Information, Call Activity and Demographics

- EMS Agency Select no. If you are applying on behalf of a Licensed EMS Agency contact the agency's super user to gain access.
- Organization Structure Indicate which best describes your agency structure from the provided drop-down list.
- Organization Comments: Enter any comments you wish the reviewers to know about your agency.
- Organization Type Select Governmental or Non-Governmental
- Organization Name Enter the name of the applying agency/organization
- Address, City, County, State, Zip Address at which the agency receives its mail. This address cannot be an individual member's home address.
- Regional Council The Regional Council will be pre-populated from your agency data.
- **Phone Number** Enter the Agency's phone number.
- Federal ID Number (FIN) Each agency must have an individual Federal Identification Number. NOTE: Auditing requirements will not allow payments to be made to any organization that does not have a FIN. The use of your county's or another organization's FIN is not acceptable. The FIN will automatically pre-populate from your agency's data.
- Agency OMD Name: Please select your agency OMD from the drop down list. As a Non-Licensed Ems Agency, an OMD does not have to be selected from the OMD drop down list, however if you do choose an OMD, the OMD will have to log in to theE-GIFT and e-sign the grant before it can be submitted to OEMS.

SAVE AND CONTINUE to next section.

Personnel Information

Number of Certified Personnel is automatically pre-populated from what OEMS has in the EMS Portal. You can edit this information under **Certification** by entering your agency information. You will also need to enter **Personnel** for **Career** and **Volunteer**, the **Total** will automatically calculate.

Personnel Information											
Number Of Certifie	d Per	sonnel									
First Responder:	0	EMT	: 0			Paramedic:	0	Advanced EMT	. 0		
Enhanced:	0	Intermediate	e: 0	Advanced	l Life Suppo	rt Coordinator:	0	Education Coordinator:	. 0		
Certification											
First Responder	**	0		EMT **	0			Paramedic **	0	Advanced EMT **	0
Enhanced ¹	**	0	Intermed	liate **	0	Advanced Li	ife Su	pport Coordinator **	0	Education Coordinator **	0
Driver On	nly	0		Other	700			Total	700		
Personnel											
Career **	445	Volunteer	**	255	Total	700					

- Certification Input agency staff number of First Responders, EMT's, Paramedics, Drivers and Other Staff, if applicable. These programs have all met the educational requirements established by OEMS as defined by the respective curriculum. These fields are not required for agencies not licensed with the OEMS.
 - o **First Responder** Those providers holding the certification of first responder.
 - EMT (Emergency Medical Technician) Those providers holding the certification of EMT, including EMT-Basic or EMS First Responder to EMT-Basic Bridge Program.
 - Paramedic Those providers holding the certification of Emergency Medical Technician Paramedic or Registered
 Nurse to Paramedic Bridge Program.
 - Advanced EMT Those providers holding the certification of Advanced EMS or Advanced EMT to Intermediate Bridge.
 - o **Enhanced** Those providers holding the certification of EMT-Enhanced to Intermediate Bridge.
 - Intermediate Those providers holding the certification of Intermediate to Intermediate to Paramedic Bridge.
 - ALS Coordinator Person who has met the criteria established by OEMS to assume responsibility for conducting ALS training programs.
 - Education Coordinator Any Ems provider, registered nurse, physician assistant, doctor of osteopathic medicine, or doctor of medicine who possesses Virginia certification as an Ems education coordinator.
 - o **Driver Only** Those members that function in a driver only capacity.
 - Other (support staff, junior member, etc.) Those members that provide a service to the organization in the capacity of Junior Member, staff support, etc.
 - o **Total Number of Certification** This amount will be automatically calculated.
- Personnel Input number of Career members and Volunteer members, if applicable. These fields are not required for agencies not licensed with OEMS.
 - o **Career** The number of personnel that are considered career (paid personnel).
 - o Volunteer The number of personnel that are volunteers. (Receive no compensation for service.)
 - o **Total Personnel** This amount will be automatically calculated. Total number of Certification must equal the Total number of Personnel or the system will not allow you to continue.

Call Activity and Demographics

This section is not required for agencies not licensed with OEMS. Enter any information that applies to your agency.

Virginia Office of Emergency Medical Services

Virginia Department of Health

RSAF General Grant Program Information

Call Activity and Demographics								
Call Activity								
BLS Calls ** Calls Unable To Respond **								
Calls Outside Primary Service Area ** Average Call Time(minutes) ** Average Round Trip Mileage per Call **								
Average Mileage To Nearest Hospital **								
Demographics								
Square Miles of Service Area ** Population of Service Area ** Total Number Of Stations **								
Comments								
	1.							
	Save	Save and Continue	Cancel					
* = Required Fields * = Non Certified EMS Agencies fields are not required. Certified EMS Agencies fields are required.								

- BLS Calls (including stand-bys) Total number of calls recorded as Basic Life Support call.
- ALS Calls Total number of calls recorded as Advanced Life Support call.
- Calls your agency was UNABLE to respond to, for any reason This total should include those related to mechanical failure, lack
 of equipment, lack of qualified members, etc.
- Calls Outside Primary Service Area This total should include calls for mutual aid, etc.
- Average Call Time Calculate average call time for calls in number of minutes.
- Average Round Trip Mileage per Call Calculate average round trip mileage per call for calls run over a period of time.
- Average mileage to nearest hospital Mileage to the nearest hospital.
- Square Miles of Service Area Total square miles of service area covered by your agency.
- Population of Service Area Total population of service area covered by your agency.
- Total Number of Stations Total number of stations operated by your agency including sub-stations.
- Comments Use this section to briefly describe any information that the reviewer should know about this information.

SAVE AND CONTINUE to next section.

IMPORTANT: If grant request is funded, the financial information submitted is subject to audit, if false, misleading or improper information is determined, the agency will be ineligible for future grant funds for a period of five years.

Financial Information –Governmental Agency

If the submitting agency is a governmental entity and Organization Type "Governmental" is selected on the Organization Information tab the Governmental Financial Information Screen will display.

NOTE: Enter all information for previous and current fiscal year.

Donations (Contributions, Bequests, Memorials, Etc.) - Funds anticipated to be collected in each budget year.

26% Return to Locality (Four-for-Life Funds) - Amount of funds received by the agency from OEMS. If the agencies' City, County or designee receives the funds from OEMS, put in the amount of funds, if any, your agency receives.

Grants - Amount of grant funds received from state agencies, private foundations or other organizations. Any federal grants received by your agency should be explained in a narrative format.

Total Revenue – This will be the total of the above fields and will be calculated.

Personnel Costs (Salary & Benefits) - Funds budgeted for salary and benefits for personnel.

Operating Costs - Funds budgeted for agency's operational expenses such as utilities, supplies, contractual expenses, leases, rentals, etc.

Capital Expenses - Funds budgeted for capital expenditures such as vehicles, defibrillator, etc.

Total Expenditure – This will be the total of the above fields and will be calculated.

Comments – Make any comments on the information provided in the "Financial Information for Governmental Agencies" section.

Describe your department's definition of capital expenditures - Indicate what your agency considers to be a capital expenditure (example: vehicle, defibrillator, training equipment, computer, etc.)

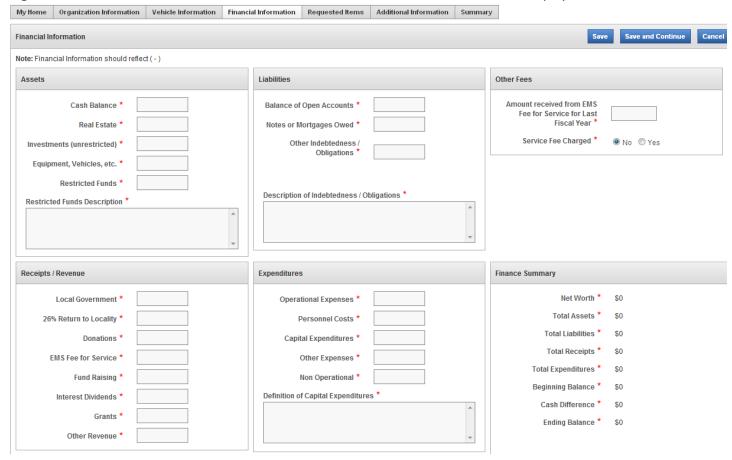
Amount received from EMS Fee for Service for Last Fiscal Year – Amount of funds received by your agency for EMS Fee for Service, if none enter 0.

Service Fee Charged – select yes or no, if YES is selected you will need to answer the following questions:

- Service Fee per Call how much does your agency charge per call?
- **Cost Recovery** % The amount your agency receives (percentage) in cost recovery funds in the last fiscal year?

Financial Information –Non-Governmental Agency

If the submitting agency is not a governmental entity and Organization Type "Non-Governmental" is selected on the Organization Information tab the Non-Governmental Financial Information Screen will display.



Assets

- Cash Balance Amount of cash on hand or in checking accounts as of the beginning date of the financial period.
- **Real Estate** Total value of the real estate owned by the agency to include land and buildings. Properties owned by an agency but not utilized for the operations of the agency should also be included in this figure.
- Investments (unrestricted) Savings accounts, certificates of deposit, stocks, bonds, etc. which are not designated for specific purposes.
- **Equipment, Vehicles, etc.** Equipment, vehicles, furnishings, etc.
- Restricted Funds Funds that are designated for a specific purpose such as a building fund.
- Restricted Funds Description Describe the purpose of the restricted funds and a timeline of the expenditure.

Liabilities

- Balance on Open Accounts Total amount owed on equipment, vehicles, furnishings, etc.
- Notes or Mortgages Owed All outstanding notes or mortgages.
- Other Indebtedness/Obligations All debts not indicated above.
- **Description of Indebtedness/Obligations –** Describe the indebtness/obligations incurred by your agency.
- **Net Worth** This will automatically be calculated by the software.
- Service Fee Charged: Check box if yes
- Service Fee for Call if applicable- Indicate the amount charged per call, if a fee is charged.
- Cost Recovery (rate of return) What is the cost recovery or rate of return?

Other Fees

- Amount received from EMS Fee for Service for Last Fiscal Year Amount of funds received by your agency for EMS Fee
 for Service, if none put 0.
- Service Fee Charged Check box if YES.
- Service Fee per Call (if applicable) Indicate the amount charged per call, if a fee is charged.
- Cost Recovery (rate of return) The amount your agency receives (percentage) in cost recovery funds in the last fiscal vear?

Receipts/Revenue

- Local Government Amount received from local government (county, city, town, etc.) **not** including the 26% Return to Locality: Four-for-Life monies.
- 26% Return to Locality (Four for Life Funds) Amount of funds received by the agency from OEMS. If the agencies' City, County or designee receives the funds from OEMS, put in the amount of funds, if any, your agency receives.
- Donations, Contributions, Bequests, Memorials, etc. Amount received by way of contributions and donations made by
 individuals or organizations other than governmental.
- EMS Fee for Service Amount received through billing for service.
- Fund Raising Amount of funds obtained from fund-raising ventures. This figure can either be a net or gross. If listed as a gross amount make sure to indicate costs incurred for a fund raising event under "Non-Operational Expenditures" in the Expenditures section.
- Interest and Dividends Amount of funds received through investments and/or the proceeds from the sale of securities.
- **Grants** Amount of grant funds received from state agencies, private foundations or other organizations. Any federal grants received by your agency should be explained in a narrative format.
- Other Income/Revenue Amount of funds received through other sources not listed above.

Expenditures

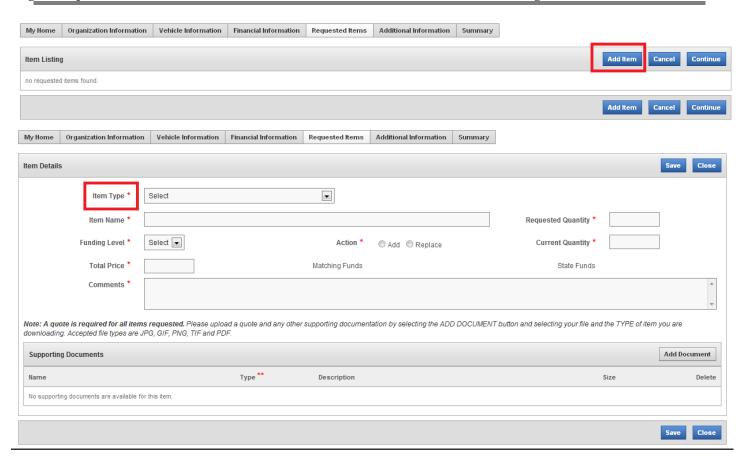
- **Operational Expenses** Amount of funds spent on operations, which include vehicle maintenance and operating costs (fuel oil, etc.), equipment, training, insurance, uniforms, supplies, utilities, etc.
- Personnel Costs Amount of funds expended to pay salaries and benefits, if applicable.
- Capital Expenditures Amount of funds expended to purchase vehicles, equipment, buildings, etc.
- Other Expenses Amount of funds expended by the agency including funds transferred to investments and depreciation.
- **Non-operational Expenditures** Amount of funds expended for accounting services, auditing fees, fund-raising costs, if gross receipts are listed under "Fund Raising" in the Receipts/Revenue section.
- Definition of Capital Expenditures Define your agency's capital expenditures usage and what items are considered
 capital expenditures.

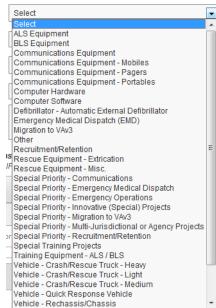
Finance Summary – All financial information will be automatically calculated by the system.

SAVE AND CONTINUE to next section

Requested Items

NOTE: Select **ADD ITEM** for each item you will be requesting under the RSAF grant application.

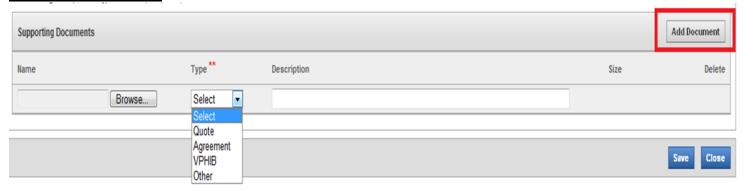




- **Item Type** Select your item being requested from the drop down list.
- Item Name Provide a brief description of the item being requested.
- Requested Quantity How many items are you requesting for this Item Type

- **Funding Level** Indicate at what level your agency is seeking funding from the state from the drop down list. Regular request is for 50/50.
 - **80% Funding Requests** 80% funding is considered to be hardship and justification must be included in the Comments section.
 - **100% Funding Requests** 100% funding is considered to be an extreme hardship and must be adequately justified in the Comments section. This is only considered in exceptional circumstances.
- Action Are you adding or replacing the item(s) being requested? Select Add/Replace
- Current Quantity Indicate how many quantities of this item you currently have on hand.
- Add/Replace Indicate if the item that is being requested is a replacement, or additional equipment from the drop down list.
- Total Price Indicate the total amount of the item being requested, make sure and include the total price if there are multiple quantities you are requesting. Example: Total price would be for all 10 Defibrillators being requested not the pricing on each individual one.
- The Matching Funds and State Funds will automatically calculate depending on your funding level.
- Comments The comments section provides the agency with the opportunity to explain their agency's need for the item(s) requested if greater than 50% and the impact it will have on their agency and/or service area. Do not forget to include the need for hardship funding, if so requested.

Supporting Documents



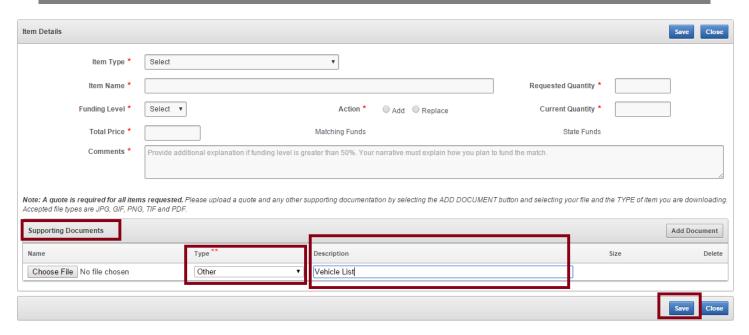
This section is required for submitting information that is needed to support your grant request. Items that can be downloaded by selecting the **ADD DOCUMENT** button in the **RED SQUARE**. Items should be downloaded depending on the item (s) you have requested. You will select the **BROWSE** button to select your file and download.

- QUOTES must be selected and downloaded for each item that is requested.
- AGREEMENT must be selected and downloaded for a Multi-Jurisdictional/Agency Project.
- **VPHIB** questionnaire must be selected and downloaded if requesting a Special Priority Migration to VAv3 or the Migration to VAv3 item types.
 - The VPHIB Questionnaire is the only questionnaire that will need to be downloaded separately from the application. All other questionnaires will be automatically generated from the item you select.
- OTHER any other documentation you want to download to attach to your application.

Accepted file types are JPG, GIF, PNG, TIF and PDF.

**Non-EMS Agencies that are requesting a vehicle

Please create a list of your current OEMS permitted vehicles, This list will need to be uploaded to your grant application under REQUESTED ITEMS, and then select SUPPORTING DOCUMENTATION, select OTHER as the Type and enter Vehicle List in the DESCRIPTION.



Include the following information for each vehicle:

- Unit Number
- Vehicle Identification Number (VIN)
- Chassis Box/Year
- Make
- Model
- Vehicle Type
- Class Permit
- Four Wheel Drive (Y/N)
- Mileage
- Engine Hours (if applicable)

Please include answers to the following questions:

- Does this organization have additional vehicles not listed, but are on order?
- Are any vehicles used by other agencies? —Enter the details of the other agencies that use your vehicles, for what purpose and why.

Definitions for Vehicle Information

- Unit # List the Unit # for each and every vehicle.
- VIN List the Vehicle Identification number for every vehicle.
- Chassis/Box Yr –Indicate the year for the make of the chassis and the box.
- Make/Model List the vehicle make and model. Example: Ford/F-450.
- Vehicle Type List the type for each and every vehicle.
- Class Permit Enter the class permit designation for each and every vehicle.
- 4-Wheel Drive Verify Yes or No if vehicle has 4-Wheel Drive.
- Mileage Enter the current mileage for each and every vehicle listed.
- Vehicle Hours Enter the vehicle hours if applicable for each vehicle.

Accepted file types are JPG, GIF, PNG, TIF and PDF.

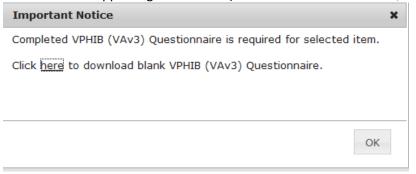
Technical Information Page

Depending on what item you request, specific questions may appear on the **Technical Information** Page, this would appear if you selected any of the following for **ITEM TYPE** from the drop down list:

- Any item with SPECIAL PRIORITY before the item name (Special Priority Questions will be displayed)
- Any item with RECRUITMENT/RETENTION (Questionnaire questions will be displayed)
- Any item with CRASH TRUCK or EXTRICATION EQUIPMENT (Questionnaire questions will be displayed)
- Any COMMUNICATIONS items (Communications Questions will be displayed)

Migration to Vav3

• If selecting this item, the questions will not automatically display, you will get the message below. You will need to fill out the VPHIB questionnaire, save it to your computer and download the VPHIB questionnaire under Supporting Documents (as stated earlier in the **REQUESTED ITEMS** section).



Communications Technical Page

- Name of Communications Center Name of PRIMARY Public Safety Answering Point/Dispatch Center from which dispatch/page/notification are received by the agency
- Receiver Frequency Used to Receive Alerts/Pages The paging/alert frequency programmed in the unit.
- Second Frequency for Alerting Monitoring The secondary alerting or monitoring frequency programmed in the unit IF applicable
- **Purpose or Use of Second Frequency** If the secondary frequency programmed in the unit is from a non-primary dispatch center or agency radio system
- Members will e alerted with these receivers:
 - o As a Group Sent to all units of a jurisdiction or agency
 - o By Duty Squads Sent to only on-duty resources or specific agencies within a jurisdiction
 - o **Individually** Can be sent to individual unit or resource

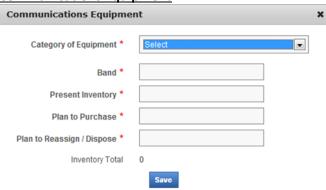
Name of Communications Center (Agency) Activating Alerts/Pages	
Receiver Frequency Used to Receive Alerts/Pages	MHz Alerting Monitoring
Second Frequency for Alerting or Monitoring (if any)	MHz Alerting Monitoring
Purpose or Use of Second Frequency	
Members will be alerted with these receivers (check all that apply)	as a group by duty squads individually

Frequency Plan



- Channel Number Designates the channel on the radio unit being requested
- Transmit The transmit frequency programmed on the radio
- Receive The receive frequency programmed on the radio
- CTCSS (Hz)/DPL (Code) If there is CTCSS or DPL code programmed, and if so, what the code is
- FCC Call Sign Radio Station call sign given to license holder by FCC
- Name or Use of Channel Nomenclature given to that channel (i.e. "EMS Statewide" or "Dispatch")
- Frequency Purpose Primary Dispatch/Tactical/Talk-Around/Other

Communications Equipment

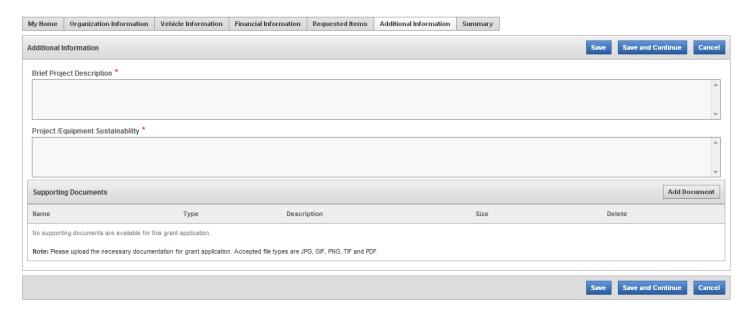


- Category of Equipment Choose from the drop down list (Base/Mobile/Portable/Pager)
- Band VHF/UHF/700-800-900Mhz
- Present Inventory Number of units your agency current has on hand.
- Plan to Purchase Number of units your agency is requesting.
- Plan to Reassign/Dispose Number of units your agency plans to reassign or dispose of.

Additional Information

- **Brief Project Description** Describe the item/project you are requesting through RSAF, please include the item(s) you are requesting, why they are needed and if any other funding source has been sought out.
- Project Equipment Sustainability Describe how your agency will maintain/sustain the project or items once
 the grant cycle has ended. Please state whether there is a maintenance schedule for vehicles or equipment, or if
 a project how it will be sustained once the grant cycle has ended.

SAVE AND CONTINUE to next section

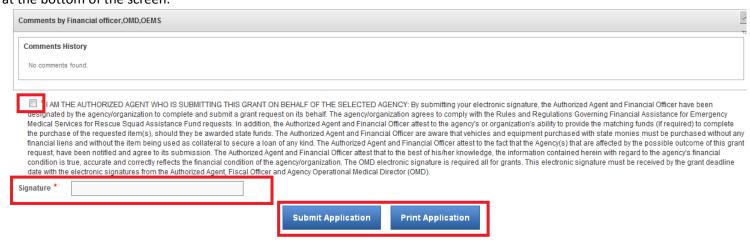


E-Signatures

Once all data has been entered into the grant and you are ready to obtain your signatures click on the **SUMMARY** tab. At the top of the page. This tab displays all information entered; the data cannot be edited from this screen.

At the bottom of this screen there is a section to provide information for the Financial Officer who will sign the grant. You must provide their first and last name and contact information. The email notification will be sent to the email address provided. Please make sure the email address is entered correctly. If you are the signing Financial Officer for the agency, as well as the Authorized Agent, click the check box "I am the Financial Officer for this agency." Your contact information will populate in the fields. A signature field will display in this Financial Officer Box. You will need to type your legal name in the signature field to sign as the Financial Officer.

You must check the disclaimer and type your legal name in the signature field and click on the Submit Application Button at the bottom of the screen.



Once the Submit Application button is clicked the OMD (if applicable) and Financial Officer identified will be notified via email. At this time the status of the Grant will change from Incomplete to Pending on your home screen. You can monitor the status of the signatures for the Financial Officer and OMD from you home screen.

The Financial Officer and the OMD have the ability to approve and sign the grant. Once this is done, the status will change to Approved respectively. The Grant application will not be officially submitted to the Office of EMS until BOTH the OMD (if applicable) and the Financial Officer have signed the grant. At this time a grant number will be assigned.

The financial Officer and OMD also have the ability to deny the grant. If the grant is denied, they must provide feedback in the comments section. If the grant is denied by one of the signers the status is changed to Incomplete and the Authorized Agent needs make necessary changes. If the grant is denied by either the financial officer or OMD both have to sign the grant, even if the signature was obtained prior to the modification. Once all modifications are accepted by the financial officer and OMD the grant will be submitted to the Office of EMS and a grant number will be assigned.

Please review the <u>RSAF General Grant Information</u> document for general grant guidelines. For any questions please contact the Grants Unit at:

Amanda Davis, Grants Manager Amanda.davis@vdh.virginia.gov

Linwood Pulling, Grants Specialist Linwood.pulling@vdh.virginia.gov